Participant Intake Form, Consents & Personal Emergency Prep Plan

1. Participant Details

Client's name:		*D.O.B:*		*Gender:*	
NDIS number:					
Contact details:	*Home:*		*Mobile:*		
Email address:					
Language spoken at home:		*Interpreter required*	No / Yes		
Preferred option for communication:	Email / Post / Phone	*Do you identify as Aboriginal and Torres Strait Islander?*	No / Yes		
Residential address:					
Postal address (if different from above):					

Is there a Guardianship and/or Administration order in place? No Yes
Is there a Behaviour Management Plan in place? No Yes

Participants under the age of 18, under guardianship or in the care of family or caregivers, please complete below

Name of Parent/ Guardian 1:		*Primary Carer:*	No / Yes
		Lives with Participant:	No / Yes
		Emergency Contact:	No / Yes
Relationship to participant:	Parent / Guardian / Caregiver / Other		
Residential address:			
Postal address (if different from above):			
Contact details:	*Home:*	*Mobile:*	
Email address:			

Participant Intake Form

Participants under the age of 18, under guardianship or in the care of family or caregivers, please complete below

Name of Parent/ Guardian 2:		*Primary Carer:*	No Yes
		Lives with Participant:	No Yes
		Emergency Contact:	No Yes
Relationship to participant:	Parent Guardian Caregiver Other		
Residential address:			
Postal address (if different from above):			
Contact details:	*Home:*		*Mobile:*
Email address:			

2. Disability / Medical Conditions including any diagnosis if relevant.

1

2

3

Medication/s Required - OFFICE USE ONLY

	Strategies Developed	*Identified in Support Plan*
Medication Assessment	No Yes	No Yes
Medication – Self Medication Assessment	No Yes	No Yes
Medication Risk Indemnity Form	No Yes	No Yes

Behaviour Support

Behaviour Support Plan documents collected for authorisation purposes (if relevant) No Yes

Behaviour Support Plan available on NDIS portal? No Yes

Participant Intake Form

Other service providers currently using
(include Specialist Behaviour Support Provider, if relevant)

Name:		Address:	
Phone number/email:			
Frequency of use:			

Name:		Address:	
Phone number/email:			
Frequency of use:			

Name:		Address:	
Phone number/email:			
Frequency of use:			

3. Health Care Information

Medicare Number:		Expiry Date:	
		Reference Number:	
Private Healthcare Provider:		Membership Number:	
		Reference Number:	

Doctor's Name:	
Address:	
Phone Number:	

Participant Intake Form

4. Funding

☐ *NDIS Managed (A copy of the NDIS plan MUST BE provided for NDIA managed participants)*

NDIS Number:	
NDIS Date:	

☐ Self-Managed ☐ Plan Managed

Please provide details for invoices

Name:	
Email:	
Comments:	

5. Preferences

Preferred name:	
Religious requirements:	
Cultural requirements:	
Communication method:	
Physical assistance:	
Other considerations:	

Participant Intake Form

6. Goals and Aspirations

What do you want to achieve for yourself? – life skills, physically, socially etc

Immediately:	
In 6 months:	
Next year:	

7. Risk Assessment - office use only

Risk Assessment Tool	*Strategies Developed*		*Identified in Support Plan*	
Individual Risk Assessment Profile	No	Yes	No	Yes
Safety Environment Checklist – Home	No	Yes	No	Yes
Participant Safe Environment Risk Assessment	No	Yes	No	Yes
Nutrition and Swallowing Risk Checklist	No	Yes	No	Yes

I understand that:

- This organisation owns these records.
- Information within these records will be shared with other staff within the organisation on and only when staff require the information to carry out their duties
- I can ask to see records and receive a copy
- Records are archived for a set period according to policy and procedure
- I understand that all information obtained will be kept confidential.

To the best of my knowledge, the information provided in this form is true and correct:

Participant Signature: or	
Parent / caregiver signature:	
Name of the person signing:	
Relationship to the participant, if not the participant:	
Date:	

Note: Authority to Act as an Advocate form is required if the individual signing this form is not the participant.

Participant Information Consent Form

Part A: Data and Information Collection

We collect data and information about you to assist us to:

- Provide services and supports that best suit your needs, including planning, coordinating, implementing, monitoring and reviewing our services
- Conduct mandatory reporting to regulatory and funding bodies
- Develop a person-centred plan
- Create a roster/schedule
- Develop an individual medication plan (if applicable)
- Respond to your feedback and continuously improve our services
- Respond to your queries
- Collaborate with other service providers to develop a comprehensive plan.

You have the right to tell us to whom we can and cannot share your personal information. You can change or withdraw your consent after signing this form, at any time, by contacting management. You also have the right to not consent to us taking photographs and videos for therapeutic and marketing purposes.

Privacy Information

Personal information collection, storing, use and disclosure by this Organisation is protected by the Privacy Act (Cth) 1988, Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) (Privacy Act) and the Australian Privacy Principles.

Personal information is any opinion that identifies or could identify you and includes information about your health.
Our Organisation will only disclose relevant and/or necessary information to any external parties you have permitted us to disclose, unless required by law.

* Please note that our organisation is required to release information about service users (without identifying you by full name or address) to regulators and funding bodies to enable statistics about disability services and their participants to be compiled. The information will be kept confidential. This information is used for statistical purposes only and will not be used to affect your entitlements or your access to services. As a user of National Disability Agreement services, you have the right to access your own files and to update or correct information included in the Disability Services National Minimum Data Set collection.

We will not disclose/use information about you for any secondary purpose unless:

- You have consented to the use or disclosure; or
- You would reasonably expect us to use or disclose the information for the secondary purpose as it is directly related to the primary purpose; or
- The use or disclosure of the information is required or authorised by or under an Australian law or a court/tribunal order; or
- Our Organisation reasonably believes the use or disclosure is necessary to lessen or prevent a serious threat to life, health or safety of an individual or public health and safety; or
- Our Organisation has reason to suspect an individual may have done something unlawful or engaged in serious misconduct that relates to organisational functions or activities;
- Our Organisation reasonably believes that the use or disclosure is reasonably necessary to assist another person in locating a person reported as missing.

Participant Information Consent Form

Client's Name: (or advocate*/family member if applicable):	
Preferred mode of communication: (home phone/mobile). interpreter, verbal, demonstration)	

**Authority to Act as an Advocate form must be completed and placed in the participant's file.*

Acknowledgment

I understand that all information provided by me or about me remains confidential unless I agree to disclose it to others.

I understand I can change this consent at any time by contacting the designated point of contact or our office

☐ I agree ☐ I do not agree

I am providing my consent ☐ verbally or ☐ in writing by completing this form

Part B Consent

1. Giving consent (sharing information)

YES	NO	Please ✔ all relevant boxes below
☐	☐	I give consent and permission for this organisation to collect and hold my personal information.
☐	☐	I consent to disclose information to the following people and/or organisations; please the box for services that you agree we can ***receive and share information with,*** specific to your support service needs;

Complete the Person/Agency relevant to the individual participant

Consent		*Type of Information*		*Person / Agency* (*please specify)	*Purpose of information***	*Time-frame*
Yes	No	Personal	NDIS			
☐	☐	☐	☐	Staff who work with me	☐ *Profile* ☐ *Financial* ☐ *SA* ☐ *SP* ☐ *Medication*	
☐	☐	☐	☐	Support Coordinator	☐ *Profile* ☐ *Financial* ☐ *SA* ☐ *SP* ☐ *Medication*	
☐	☐	☐	☐	Occupational Therapist	☐ *Profile* ☐ *Financial* ☐ *SA* ☐ *SP* ☐ *Medication*	
☐	☐	☐	☐	Behaviour Support Specialist	☐ *Profile* ☐ *Financial* ☐ *SA* ☐ *SP* ☐ *Medication*	

Participant Information Consent Form

Consent		Type of Information		Person / Agency (*please specify)	Purpose of information**	Time-frame
Yes	No	Personal	NDIS			
				Plan Manager	Profile Financial SA SP Medication	
					Profile Financial SA SP Medication	
					Profile Financial SA SP Medication	
					Profile Financial SA SP Medication	

** Add relevant people of agencies -Doctors, Allied Health, Plan Managers, SIL/SDA providers, education providers*
***SA – Service Agreement; SP – Support Planning – planning, implementing, monitoring and reviewing*

2. Specific consent

Yes	No	
Medication		
		Allow to assist with medication (refer to Management of Medication documentation, if yes)
Money Management Where required and requested support, the participant to access and spend their own money as the participant decides		
		Assist with handling money
Media Profile photos may be taken to assist with the delivery of services. These photos will not be published outside our management system and key reference documents, e.g., support plan and medication care plan. Usage will comply with Australian Privacy Principles and adhere to our Privacy and Confidentiality policies		
✓		Photographs and videos for purposes of support provision only
✓		Photographs and videos for purposes of support provision only I give consent for photographs and/or videos to be published via various forms of media ✓ Social media ✓ Website ✓ Organisational or promotional material ✓ Education & training purposes
✓		I give consent for my feedback and quotes to be published via various forms of media I give consent for photographs and/or videos to be published via various forms of media ✓ Social media ✓ Website ✓ Organisational or promotional material ✓ Education & training purposes

Participant Information Consent Form

NDIS Audit (opt-out)
As registered Disability Service Providers, we must undergo regular audits to comply with our legal requirements. Part of this audit process involves auditors contacting some clients to discuss the services you receive and your level of satisfaction. We are seeking to confirm if you give your consent for the auditors to contact you and review your file and records. Your participation is not compulsory. You can opt out if you do not want to be involved.

		I consent to participate in an audit if approached by the auditor

Part C Authorisation

I ______________________ give authority for the Organisation; to collect, store, use and disclose personal and sensitive information, including health records, for the primary purpose of service provision and directly related needs under the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) whilst I/we remain a participant of this Organisation. I know that recorded material in audio and/or visual format and outline can be shared without consent if required by law.

If my/our circumstances change, I agree to notify this Organisation as soon as practicable.

Client's Name:		*Signed by:*	
Date:			
Advocate/Family Member's Name:		*Relationship to Participant:*	

Note: Where a participant does not have the capacity to give informed consent and does not have a legal guardian who has the authority to make decisions on behalf of the participant, the participant's parent, family member or other people with a close personal relationship to the participant may sign this form. The person who signs on the participant's behalf must print their relationship next to their name.

Please send completed forms to our Organisation.

Participant Consent for Third-Party Release of Information

Under The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) and The Health Information Protection Act

The purpose of this form is to provide consent to the release of personal information to third parties as requested by the participant, who is protected and governed by the privacy provisions of The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) and The Health Information Protection Act.

I ______________________

(Print name of participant)

____

(Print mailing address of participant)

Participant Information Consent Form

Consent to release to

INCLUSIVE GETAWAYS PTY LTD

(Print name, title of person receiving information)

27A MURRAY STREET, HAMILTON NSW 2303

(Print address and phone number of person receiving information)

Personal information that the Organisation or its staff need to release to respond to the following concern or issue:

Information regarding

I understand this may include personal information within The Freedom of Information and Protection of Privacy Act and personal health information within the meaning of The Health Information Protection Act.

I further understand that the Organisation will only release as much information as is needed to respond to my concern and subject to the restrictions and provisions of The Freedom of Information and Protection of Privacy Act 2012 (Cth) and The Health Information Protection Act.

Signature of Person Consenting to Release

Date

Consenting to the Release of Personal Information

- To comply with privacy legislation, consent is necessary when participants ask third parties to either advocate or make inquiries on their behalf regarding various issues or services the Organisation provides.
- In all cases, the Organisation will only release as much information as is needed to respond to the inquiry or participant's concern.
- The Organisation will not release certain information, e.g. information about other individuals, records subject to solicitor-participant privilege, records relating to a current lawful investigation, records the release of which would affect the safety or health of anyone).
- If a subsequent inquiry is made by the same third party unrelated to any previous participant concern, another consent form will need to be completed.

Third Party Information Release Consent Form

Consenting to the Release of Personal Information to Third Parties

The purpose of this form is to obtain consent from you for the release of your personal information to third parties, as requested by you.

Pursuant to ***The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)*** and ***Privacy Act 1988 (Cth)***, when you request third parties to either advocate or make inquiries to our organisation on your behalf, you must provide your written consent (via the following form) for us to release your personal information to the third party.

Our organisation will only release as much information as is needed to respond to the inquiry or concern.

In accordance with privacy laws and regulations, our organisation will not release certain information, such as information about other individuals, records subject to solicitor-participant privilege, records relating to a current lawful investigation, or records the release of which would affect the safety or health of anyone.

Note: If the same third party makes a subsequent, but unrelated inquiry, you will need to complete this form again to provide consent for subsequent inquiries.

Personal Emergency Preparation Plan

1. Client's Details

Name:			
Address:			
Phone:		*Email:*	
Preferred communication method:			
Emergency contact person: (family, friend, advocate)			
Phone:		*Email:*	

2. Organisation's Contact Details

Worker's Name:	
Role/Title:	SUPPORT WORKERS EMPLOYED AT INCLUSIVE GETAWAYS
Phone:	1300 155 683
Email:	bookings@inclusivegetaways.com.au

3. Personal Support Planning

Physical Needs:	
Mealtime Requirements (e.g. dysphagia needs)	
Information location	
Instructions (e.g. COVID-19)	
Signage (if COVID-19 outbreak)	
List of Support Workers	
Digital Copy of Support Plan	☐ *Yes* ☐ *No*

4. *Living situation*

Safe Environment Checklist used to create an Evacuation Plan	☐ *Yes* ☐ *No*
Isolation practice: 1. Client needs to be isolated 2. Others at the location need to be isolated	1. 2.

5. *Communication Planning*

Preferred Communication method:	
Communication Devices:	
Data and credit available and accessible to enable the client to keep in touch with supports:	
Current communication apps (if relevant):	
Contact point:	

6. *Health Management*

Critical health information List of important health information: (current medication, essential supplies)	
Medication:	
Medication documentation locations:	
Medication equipment: (as required)	
Special food needs:	
Requirements to manage health for at least a week:	

6. Health Management

Exercise routine: (for use during isolation)	
Mental health management:	

7. Transportation

Transport method currently used to move around the community:	
Method to move in time of emergency:	

8. Assistive Technology

Type: (if relevant)	
Cords, batteries, recharging (equipment, hearing aids)	

*If AT breaks down/is damaged and it is an urgent/emergency repair, call the NDIA immediately.

9. Evacuation Points

Location:	
Schedule for practice evacuations	

10. Acknowledgment and Review

Personal Emergency Preparation Plan Consultation (list all people who actively participated)	
Client	*Organisation:*

Plan development date:	
Plan testing date:	
Plan review date:	

Third Party Information Release Consent Form

The Party who will be consenting to the release of information

Name:	
Relationship to client (if not client e.g. advocate, family):	
Mailing address:	

The organisation to whom information is to be released

Contact name and title:	
Business name:	
Mailing address:	
Contact number:	

Information to be provided to the above third party is outlined below

Details of information	

I understand the above information request may include personal information within the meaning of the ***Freedom of Information and Protection of Privacy Act 2012 (Cth)*** and the ***Privacy Act 1988*** (Cth).
II further understand that the organisation will only release as much information as is needed to respond to my concern and subject to the restrictions and provisions of t***he Freedom of Information and Protection of Privacy Act 2012 (Cth)*** **and** ***the Privacy Act 1988.***

Signature of releasing party:	
Relationship to client:	
Date:	